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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/509,734 |
| | Filing Date | June 14, 2000 |
| | First Named Inventor | Itescu |
| | Group Art Unit | 1644 |
| | Examiner Name | David A. Saunders |
| Total Number of Pages in This Submission | | Attorney Docket Number A31856-PCT-USA(070050.123) |

ENCLOSURES (check all that apply)

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| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Check in the amount of \$ 490.00; 2) Return Postcard; |
| Remarks <input type="checkbox"/> | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|--|---|
| Firm or Individual name | BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112 | |
| Signature | | Att Name: Lisa B. Kole PTO Reg: 35,225 |
| Date | November 12, 2004 | |

CERTIFICATE OF MAILING

| | | |
|--|--------------|------------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date: November 12, 2004 | | |
| Typed or printed name | Lisa B. Kole | |
| Signature | | Date November 12, 2004 |

Title: METHOD FOR PREDICTING TRANSPLANT REJECTION

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